(D)	epartment of Veterans	Affairs	FE	DERAL FIDUCIARY'S ACCOUNT						
	NAME AND ADDRESS OF FIDU		VA FIDUCIARY ACTIVITY							
FROM			ТО							
NAME OF	NAME OF VETERAN (First-Middle-Last)			NAME OF BENEFICIARY (If not veteran)			VA FILE NUMBER			
		NI STAT	N. CTATEMENT OF ACCOUNT			C-				
INSTRU	ICTIONS: Items 1 through 7	7 are to be comple	ted by the fig	N I - STATEMENT OF ACCOUNT d by the fiduciary and returned to the VA			ACCOUNTING PERIOD			
Fiduciar monthly	y Activity. Show monthly amo rates vary, enter current rate	ount where indicated, in line space provid	, in addition to ded and list ea	n addition to amount for accounting period. If and list earlier rates in Item 5, "Remarks."			FROM	то		
Attach a	a completed Certification of Fundeposit. IMPORTANT - SEE	ınds on Deposit, (V <i>A</i>	A Form 21-471	8a) if this	account	ting shows any				
IMPOF	RTANT - The fiduciary s	hould keep rece	ipts and oth	er docui	mentat	ion of expens	l ses because VA ma	l v need to		
examiı	ne them during the audit	of this accounting	ig.							
ITEM	1. MONEY RECEIVED		AMOU	NIT	ITEM	4. ASSETS A	AMOUNT			
_	DESCRIPTION			IN I	1					
A	TOTAL ESTATE AT BEGINN		\$		A	CASH ON HAND (NOT ON DEPOSIT IN BANK)		\$		
В	AMOUNT RECEIVED FROM VA	MONTHLY			В	AMOUNT IN C				
С	AMOUNT RECEIVED FROM SOCIAL SECURITY*	MONTHLY			С	AMOUNT IN SAVINGS ACCOUNT				
D	INTEREST EARNED ON DEPOSITS					TOTAL PURCHASE PRICE OF SAVINGS BONDS LISTED ON REVERSE				
E	AMOUNT RECEIVED FROM OTHER SOURCES (List in Items 1E thru 1J)*					(1) IF PURCHASE PRICE OF SAVINGS BONDS CHANGED FROM THE LAST ACCOUNTING PERIOD, WERE ADDITIONAL BONDS PURCHASED?				
F						ADDITIONAL	BONDS PURCHASED?			
G H					D	│ □ YES □	NO			
i					1	(2) WERE SAVIN	GS BONDS CASHED ACCOUNTING PERIOD?			
J]	DOKING THE	ACCOUNTING FERIOD!			
K	TOTAL RECEIVED (ADD LINES 1A THRU 1J)		\$			☐ YES ☐	NO			
	2. MONEY SPENT					OTHER (Specify)				
А	ROOM AND BOARD/RENT	MONTHLY	\$		Е					
В	CLOTHING					5. TOTAL AS		\$		
С	ENTERTAINMENT MONTHLY				6. REM	(MUST EQU ARKS (If needed vo	s" section on reverse			
D	PERSONAL USE	PERSONAL USE			or, if n	ecessary, attach additional sheets and key responses to item				
Е	DEPENDENT(S) SUPPORT	MONTHLY								
F	FIDUCIARY FEE IF APPRO]						
G	OTHER (Specify)	OTHER (Specify)			4					
H					┨					
J					1					
K										
L M	TOTAL SPENT (ADD LINI	\$		┨						
	3. TOTAL ESTATE AT END OF PERIOD (SUBTRACT 2M FROM 1K)									
* NOTE: Pursuant to my signed Fiduciary Agreement (VA Form 21-4703), this is a complete accounting of all funds I received for										
the beneficiary. I CERTIFY THAT this is a true account of the beneficiary's estate for the period stated, to the best of my knowledge and belief.										
7. DATE 8. SUBMITTE			ED BY (Signatur	ED BY (Signature and title of fiduciary)						
9. DATE A	PPROVED	/ED BY (Signatu	ED BY (Signature and title of VA official)							
VA FORM JUN 2000										

6. REMARI	KS (Continued)						
		SECTION II. (PEDTIFIC ATION	OE II S	s. SAVINGS BONDS		
LINE	SERIAL NUMBER	DATE OF	PURCHASE	LINE	SERIAL NUMBER	DATE OF	PURCHASE
NO. 1.		PURCHASE	PRICE	NO. 11.		PURCHASE	PRICE
2.				12.			
3.				13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.			_	20.			
I CERT and co	FIFY THAT the savings ntrol. RE OF	s bonds listed ab	ove are the prop	erty of t	he estate of the benefi	IDATE	in my custody
38, Unite outside V Fiduciary	Y ACT INFORMATION: The d States Code, chapter 55. The 'A only if the disclosure is auth and Beneficiary Records - VA nument of a successor fiduciary	e information will be us orized under the Privac a, published in the Fede	ed to ensure the proper cy Act, including the rou	administra itine uses	ation of the beneficiary's incoming identified in the VA system of a	ne and estate. Response records, 37VA27, V	nses may be disclosed A Supervised
Control N instruction	DENT BURDEN: VA may no Number. Public reporting burdens, searching existing data sound s regarding this burden estimate	en for this collection of rces, gathering and mai	information is estimate ntaining the data needed	d to avera	ge 27 minutes per response, in appleting and reviewing the collections.	cluding the time for ection of information	reviewing n. If you have

comments.